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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT . B.—Every Item o CAUSE OF I Po Grange



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 240

Village or City 18, (No. 2FULL NAME 462)	St.; Ward)  Seale  St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, Widows Widows Orbivorce Orbivorce (Write the word)	16 DATE OF DEATH  My (Month) (Day (Year)  1 HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Not Known, (Month) (Day (Year)	that I last saw h ma alive on offer 21 1915
TAGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated shove, at H P m, The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH was as follows:
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Fort (Ouration) / yrs mas. ds.
9 BIRTHPLACE (State or country) M  10 NAME OF FATHER MM Know  11 BIRTHPLACE OF FATHER (State or country) M  2 D  12 MAIDEN NAME Mantha Beal	(Signed) (Ouration) (Signed) (Signed) (Ouration) (Ourat
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONA, TRANSIENTA.  OR RECENT RESIDENCE (FOR HOSPITALA, INSTITUTIONA, TRANSIENTA.  OR RECENT RESIDENCE (FOR HOSPITALA, INSTITUTIONA, TRANSIENTA.  In the  of death yrs mos ds  Where was disease contracted,  If not at place of death?
(Address) Boar Syven Md.  16 Filed May 16 th, 1915 - J. Ky Smith	Former or USUAL residence.  19 PLACE OF BURIAL OR REMOVAL  Linian Bithel a.M. 6. Cemetry May 16 th, 1915— 20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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OF MOTHER

OF MOTHER (State or country,

13 BIRTHPLACE

14 THE ABOVE IS

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [if death occurred la No. -Ward) a hospital or jostitution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Dav (Year) TAGE if LESS fhan and that death occurred on the date stated above, at f day hrs. DEATH\* was as follows OR ..... min. ? .mos BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishmenf in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country 12 MAIDEN NAME

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

OR RECENT RESIDENTS)				
At place of death yrs mos ds.	In the State	Yrs	mos.	de
Where was disease contracted,		,		

If nof at place of death?

Former or usuai residence.

Centriville,	mod	May 26, 1910
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ana	costia	10.0

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; been changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent)



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD A PERMANENT AGE should be stated EXACTLY. carefully supplied. ACE should be signified. that it may be properly classified. UNFADING INK-THIS IS See instructions on back of WRITE PLAINLY, WITH should of Information CAUSE OF Important.

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1 PLACE OF DEATH

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Village or City Phillippe (No	St.; Ward)  [If deeth occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH May 20 5, 1915 (Month) (Day (Year)
S DATE OF BIRTH  Jesse 2 1 7 19 4 Alfonth) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
particuler kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE**  (State or country)  **DO NAME OF FATHER  **Longe Berry  **DO NAME OF FATHER  **DO NAM	Contributory Teething Secondary  (Duration) yrs mos ds.  (Signed) Augustus HD Llex DP M. B.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*Mate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Augusta Burry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Chillum Md.	Place of BURIAL OR REMOVAL DATE OF BURIAL

S. No. 1.

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1-7200



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the heatien as Bay laberer, Barm laborer, Laborer Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Exhaustion,"



Exact statement of	1 PLACE OF DEATH  County Prince George's  Village or City Cheltenham (No. House)  2 FULL NAME James Blan	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 240  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
KACT fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hould be stated EXAC be properly classified. certificate.	Male Colored Single, Mannier, Wilder Colored Or Divorce D (Write the word)	16 DATE OF DEATH May 16 , 1915 (Year)  17 I HEREBY CERTIFY, That I attended deceased from
400 41	7 AGE (Month) (Day) / (Year)	that I last saw him alive on May 15, 1915, and that death occurred on the date stated above, at 10 9 m.
on on	B OCCUPATION (a) Trade, profession, or particular kind of work Inmate House of Reformat (b) General nature of industry business, or establishment in	Pulmonary tuberculosis
arefully ain term e instruc	which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Contributory Nemor Lage  Contributory (ourstion) yrs, mos, ds,
ion should be of FDEATH in pli	10 NAME OF FATHER  James Blanks  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
nformat NUSE O Is very	13 BIRTHPLACE OF MOTHER (State or country) Not known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of deeth A. yrs. 9
Every item of its should state CA OCCUPATION	(Informant) John B. Pyles, Suph,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
N. B.—Ever	(Address)  15  File May 18 th, 1915 Julius St. Smith  Local Registrar  If more blanks are needed, address State Registra	House of Reformation May 18,, 1915  20 UNDERTAKER ADDRESS  John B. Pyles, Seept. Cheltenham Md.  r, 10 W. Saratoga St., Bayto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used cian, Campositor, Architect, Locamolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (relired "Foreman," "Manager." "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Caal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puenpenal septicharmia," mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemourhage," "Inanition," "Marason statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions," "Debility" "Anaemia" (merely symptomatic). symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, "PUERPERAL peritonitis," etc. Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," n.ound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 7 1915 BUREAU, V.S. 0 5

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

If death occurred in a hospital or institution. give its NAME instead of street and number. ]

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS State, ......yrs. ......mos. ...... ds. If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by roilway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puenpenal septichaemia," "Heart failure," "Huemorrhage," "Inanition," "Maras-mus," "Old Age," "Shoek," "Urucmia," "Weakness," chopneumonia (mecondary), 10 ds. "PUERPERAL perilonitis," etc. State cause for which genital," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; Chronic wahrdar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of etc., when a definite disease can be ascertained as the ges, peritonaeum, etc., Curcinoma, Sarcoma, etc., of ... Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," Never report mere "Atrophy," "Col-("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAULY.S.

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PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

may be properly classifled. Exact statement

should be stated

AGE

so that it may be

DEATH in plain terms, so that it missee instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms, at important. See instructions on back of

B.

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RECORD

PERMANENT EXACTLY.

### 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

County Francisco	Registration Dist. No. 236
VIIIage or City Mulli Gui (No. ,	St.; Ward)  [It death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale White Single, Married Whowen, or Divorced (Write the word)	16 DATE OF DEATH  May 7 , 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  Mak - , 1.1842  (Month) (Day (Year)	that I last saw he silve on Mes 2 1 1919
TAGE    It LESS than 1 day,hrs. or mos / ds. or mln.?	and that death occurred on the date stated above, at 12,36 Q m.  The CAUSE OF DEATH* was as follows:  Annual Ullur
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) Opt Anacost ds.  Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER	(Signed) (Duration) yrs mos ds.  (Signed) (Address) (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Chara Callenty  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS.  OR RECENT REGIDENTS)  At place In the of death S yrs mos ds.  Where was disease contracted,
(Informant) Arace Change  (Address) Stitchebrille sud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  St. Barnolius May 28, 1912
Flied	Drauk Groof Mitchehille

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," As examples: (4)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 41915
BUREAU, V.S.

County	or City War magleon	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 232  [If death occurred le a hospital or institution,
	FULL NAME Philomon W	give Its NAME losfead of sfreet and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal	le White Single, Marrieo, Arighe whowen, or Divorceo (Write the word)	16 DATE OF DEATH May (Day (Year)  17 (HEREBY CERTIFY, That I attended deceased from
6 DATE C	may 2 6 1863	april 1914, to May 4, 1915.  that I last saw h 214 alive on 1915.
7 AGE	(Year)  (Day (Year)  If LESS than 1 day,hrs.  ORmln.?	and that death occurred on the date stated above, at 5-40 A m. The CAUSE OF DEATH* was as follows:
particular (b) Genera	ATION profession, or Saveyer kind of work al nature of industry,	Chrone Valvular heart
which emp	or establishment in loyed (or employer)  PLACE or country)  Manylan d	Contributory Secondary
	IRTHPLACE OF FATHER  1. B. Blew  1. B. Blew	(Signed) Covered Daescer, M. O. May 5, 1915 (Address) uf Machero Int
₩ 12 M	AIDEN NAME of OF MOTHER COUNTY & Brown.	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 B 0	(State or country) Maryland	At place In the of death yrs mos ds. State yrs mos ds
(Information	a m B El	If not at place of death?————————————————————————————————————
16 Filed	Lay 5,191 5 DE SWESTANTE	19 PLACE OF BURIAL OR REMOVAL  Defin Jacobs Mid May 6, 1915  20 UNDERTAKER  ADDRESS  LETTEL Julion & Harman DE
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synodym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerrenal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: Accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichac-Never report



RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### V. S. No. 1.

N. B.-

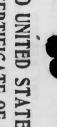
1 PLACE OF DEATH





### STATE OF MARYLAND

R. Han	CERTIFICATE OF DEATH
Gounty Vi 100 Com	Registration Dist, No.
Village or City aceoker (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mau 4 COLOR OR RAGE Single, Married, Married, Musours) White word wipower, or Diverge the word)	16 DATE OF DEATH Many (Day (Year)  17 I hEREBY CERTIFY. That I attended deceased from
G DATE OF BIRTH  Linguist 2 4th, 1868.  (Month) (Day (Year)	May 2 , 1915, to May 11, 1915; that I isst saw ham alive on Many 11, 1915
7 AGE    If LESS than 1 day,hrs.   ORmin.?	and that death occurred on the date stated above, at
* OCCUPATION (a) Trade, profession, or Yanna particular kind of work	Typhondin
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mas /5 ds.
State or country) Marylan	Secondary (Duration) Yrs mos ds
10 NAME OF Albert-M. Clagatt	(Signed) John Q 52 , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL
12 MAIDEN NAME alice Hawkins 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RICENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(interment) Albert Me bleget	If not at place of death?————————————————————————————————————
(Address) Branchemme Mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 13, 1912
Filed May 13, 1914 Edgar D. Houth	20 UNDERTAKER ADDRESS Molder Chal
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-"Croup";) Typhoid fever we've'r report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diputheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Examples: Cerebrospinal

> injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for

the certificate is permanently filed. cnce. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



V. S. No. 1.

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CAUSE OF

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT should be stated Every Item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale while (Write the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	that I last saw her after she diet ,191
7 AGE  G. 9 yrs 6 mos 12 ds OR min.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
a) Trada, profession, or particular kind of work  (b) General nature of Industry,	Luma al
business, or establishment in which employed (or amployer)  BIRTHPLACE (State or country)	Contributory Secondary
Missiere	(Doration) yrs mos ds.
10 NAME OF FATHER Charles Meas	(Signed)
Z OF FATHER (State or country) Mussouri	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Missouri	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONA, TRANSIENTA,  or Recent Residents)  At place In the of death yrs, mos, ds. State yrs, mos, ds
(Informant) (Informant)	Where was diseasa contracted, if not at piaca of death?
Filed Way 22, 1915 Map Jas Sever 1	Washington De Date of Burial of Date of Burial of 29, 191.5

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the ample: Meastes (discase causing affection need not be stated unless important. ture of the American Mcdlcal Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," death), 29 "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 51915
BUREAU, V.S.

RECORD

Statement of	PLACE OF DEATH  County Prince Grayes  [ ]	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 239
Exact	Village or City Saure med (No. ,	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
Tied	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ild be stated EXAC properly classified.	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from May 1,1915, to May 1,1915,
AGE should be st it may be properly back of certificate	September 2/21. 1832 (Month) (Day) (Year)   18 Company   1 Compa	that I last saw har alive on may 11, 1916,
refully supplied. n terms, so that instructions on	8 OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Ethaushur Secondary Contributory
se of DEATH in plai	10 NAME OF FATHER Joshuee Gurdner  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Clique Carnelbatterie	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accinental, Suicidal or Homicidal.  (Bength of residence (for Hospitals, Institutions, Transients, or Recent Residents)
item of info state CAUS PATION is	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	At place In the of death
N. B.—Every should OCCU	(Address) Querce 15  Filed / May / 2-, 1915 Www, Q. Fairal  REGISTRAR	Joseph Courtage May 13th 1911 &

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired who receive a definite salary), may be entered as Housewrite None. state oecupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil ness of various pursuits can be known. The question tion is very important, so that the relative healthfulis provided for the latter statement; it should be used engineer, Stationary freman, etc. But in many eases, applies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations eause. Always quamy an accompanda," birth or miscarringe as "Puerperal septichaemia," "Puerperal perilonilis," etc. State cause for which "Puerperal perilonilis," etc. For violent dearns on Nomenclature of the American Medical Association.) and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convu genital," "Senile," etc.), cough; Chronic valvalar heart disease; Chronic interstitial Struck by railway train—accident; Revolver wound "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of The nature of the injury, as fracture of skull, oma," "Convalsions," "Debility" ("Con-The contributory (secondary or intereurcarbolic acid-probably "Atrophy,



TLY. PHYSICIANS Exact statement of	PLACE OF DEATH  County Prince George's  Village or City Cheltenham (No. House  2 FULL NAME Louis Dens	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 240  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
KAC fied,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hould be stated EXAC be properly classified, certificate.	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR OIVORCEO Single (Write the word)	16 DATE OF DEATH May 25, 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
AGE should be st it may be properly back of certificate	March 4, 1899 (Month) (Day) (Vear)	March 25, 1915, to May 35, 1915, that I last saw him alive on may 25, 1915,
lied. AGE sh that it may b s on back of	TAGE  If LESS than 1 day, hrs.  // OR min.?  B OCCUPATION (a) Trade profession or A	and that death occurred on the date stated above, at 6 P. m.  The CAUSE OF DEATH * was as follows:  Pulmonary tuberculoses
refully supplied in terms, so to instructions	(a) Trade, profession, or formate House of Reformation (b) General nature of industry business, or establishment in which employed (or employer)	(Ourstien) yrs. 2 mos. ds,
plai See	9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF STATE OF STA	Contributory Secondary  (Quration) yrs mos ds.  (Signed) UHSCOOKS ,M. 0,
ion should b F DEATH in important.	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	May 26, 191.5 (Address) Crom, Md.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
nformat NUSE O Is very	of MOTHER Emma  13 BIRTHPLACE OF MOTHER (State or country) Not Renown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 3 yrs. 2 mos. 19 ds. Where was disease contracted, No. 1 ds.  Where was disease contracted, No. 1 ds.
Every item of in should state CA	(Informant) John B. Pyles, Sufet,  (Address) Cheltenham, Ind.  15 Filed May 26 to 1915 Julius N. Smith	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  House of Reformation May 26, 191.  20 UNDERTAKER ADORESS
z œ	Local REGISTRAR	16 W. Saratoga St., Balto., Equesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomative engineer, If retired from (b) Auta-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningialisied, is indefinite); Tuberculosis of lungs, meningia.

suicide. The nature of the injury, as fracture of skull mus, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "Published perilonilis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracinia," "Weakness," lapse," "Coma," "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) head-homicide; Poisoned by Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumoma (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (secondary or intercur-"Convulsions," "Debility" ("Concarbolic acid—probably "Atrophy," Never report mere



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH of information should be

B.—Every item CAUSE OF Important.

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B. No.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred to a hospital or Institution, give its NAME lostead of street and number.]

FULL NAME Millie Elle	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Colored Sinele, Married Orbitele (Write the word)	16 DATE OF DEATH ) ay 2/ (Month) (Day) (Year)
6 DATE OF BIRTH  VIII Curve  1	I HEREBY CERTIFY, That I attended deceased from  Tel 23, 191, to may 21, 1915.
(Month) (Day) (Year)  7 AGE    1 LESS than   1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at 3 5 m.  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	HEmas Plefus Trs. 3 mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  W  11 BIRTHPLACE OF FATHER (State or country)  W  12 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER  12 MOTHER OF MOTHER OF MOTHER	(Secondary)  (Secondary)  (Deration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Addr
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted, It oot at place of death? Former or osual residence.
(Address) Brentword - Md.  15 Filed May 27, 1915 f. C. Ohlendo sfront REGISTRAR  If more blanks are needed, address State Registral	19 place of Burial or REMOVAL DATE OF BURIAL Bladenshing my 24, 1915 20 UNDERTAKER T. Juselis Love Bladenshing and



[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," For VIO-



B. No.

of information should be CAUSE OF

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Important. N. B.

6751

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

0 1				
e		 20		
*****************	3	 W	ı a	го

[It death occurred in

	FULL NAME Infant &	a nospital of institution give its NAME lostea of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8	May 12 1915 (Mionth) (Day) (Year)	may 12, 1915, to may 12, 1916 that I last saw h a alive on may 12, 1915
7 A	AGE   It LESS than 1 day,	and that death occurred on the date stated above, at 10 P, m. The CAUSE OF DEATH * was as follows:
(b) (b)	OCCUPATION a) Frade, profession, or articular kind of work b) General nature of Industry, usiness, or establishment in hich employed (or employer)	Oremaline Disthe 6 mos, Evela line (Ouration) yrs mos ds
9 p	BIRTHPLACE State or country)  10 NAME OF FATHER OM, Evans	Contributory (Secondary)  (Buration) yrs mos ds.  (Signed) . C. Ohlendory M. D.
11 BIRTHPLACE (State or country)  12 MAIDEN NAME		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
PA	OF MOTHER & May Rogers  13 BIRTHPLACE OF MOTHER (State or country) Bulto. mel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   lo the   ot death
(Informant) 6. May Rogers  (Informant) Brendwood, Ind.		Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 6 Fl	(Address) Brentwood . Ind.	In fard of premises DATE OF BURIAL May 13, 191.5

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Adsociation.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Daeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ample: Measles ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ... (name origin; "Can-State cause for "Exhaustion,"



PHYSICIANS shou RECORD WRITE ō

> CAUSE Import

(Address).

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 24 9 .Ward) FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO, ORDIVORCED HEREBY CERTIFY. That I sttended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Trade, prefession, or parficular kind of work. (b) Beneral neture of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory. State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE K (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State ..... yrs, \_ of death ...... yrs. ..... mos. ..... ds. Where was disease contracted. If not af place of death?..... Former or usual residence

If death occurred in

a hospital or Institution.

give its NAME instead of street and oumber. ]

ADDRESS

If more blanks are needed, address State Begiatrar, 6 E. Efanklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many l'hysician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichaedent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-



η	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTL. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	RMA	EX/
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7	5	to the
5	VITE	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
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V. S. No. 1.		CAL
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PHYSICIANS should state of OCCUPATION is very

Exact statement

RECORD

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No ...

[It death occurred in a hospital or institution, give its NAME instead

	2 FULL NAME Govern	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE  SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw how after on how way 2, 1915
TA	GE   If LESS than   1 day, O hrs.   OR O min. ?	and that death occurred on the date stated above, at
(a)	CCUPATION ) Trade, protession, or rticular kind of work	Stell Buch
bus	General nature of Industry, Iness, or establishment in Ich employed (or employer)	(Duration) yrsmosds.
9 B	IRTHPLACE tate or country)	Contributory (Secondary) (Doration) yrs mos ds.
	10 NAME OF FATHER Tota Deorge	(Signed) Sund all and I and I are the second
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, It not at place of death?  Former or usual residence
15	(Address) The attrible md	Bladensburg Md May 2, 1915
F	101 May 2", 191 5 Mis. Jas - Divers	4. Hasclis And Blodges bus bus me

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcuted thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocciy; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who receive a definite salary), may be entered as who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing distance of death—Name, first, the disease causing disease always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "("ronp"); Typhoid fever (never report "Typhoid dimenonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleoma. Sarcoma. etc., of ... sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

Village or City Tan Mond Hug	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2 4 7  [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED WIDOWED WITTE Ne word)	16 DATE OF DEATH Wonth) 3 (Day) , 1915 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 7 (Year)	that I last saw h Av. allye on was 31 1911
7 AGE If LESS than	and that death occurred on the date stated above, at Them.
Mos. ds. 1 dayhrs. ormla.?	The CAUSE OF DEATH # was as follows:
(a) Trade, profession, or particular kind of work	appley
(b) General nature of Industry	(Duration) yrs. 100s. 24 lese
9 BIRTHPLACE (State or country) Princy Stro Co.,	Contributory Secondary
10 NAME OF FATHER STORY	de. (Signad)
11 BIRTHPLACE OF FATHER (State or country)	Ate the DISPASE CAUSING DEATH, or, in deaths from Violent CAUSING, Sinte (1) Means of INJURY; and (2) whether Accidental,
C 12 MAIDEN NAME OF MOTHER CL	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BURTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place tn the of death
14 THE ABOVE IS THUE TO THE JEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Utsa Utalife (august	Former or usual residence
(Address Jan Wat Hylle hal)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled May 9" 1915 Fahre Eutras Fred	20 UNDERTAKER ADDRESS AND
REGISTRAR	Roll Cambele 234 2 p.
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from -Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, Hausemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc. without more precise specification as Day loborer, Farm laborer, Loborer taken to report specifically the occupations of persons of the second statement. Never return mobile factory. The material worked on may form part is provided for the latter statement; it should be used engineer, Stationary freman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage mus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"An temia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial Struck by railway train-occident; Revolver to determine definitely. Examples: Aecidental drowning; cause. Always qualify-all discare resulting from childchopneumonia nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (secondary), 10 ds. The contributory (secondary or intercuras "PUERPERAL septiclaemia," (Recommendations Never report mere wound of

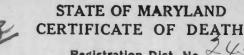
If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

### RECORD PERMANENT EXACTLY. stated 4 UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement DEATH in plain terms, so See Instructions on back of N. B.-Every Item CAUSE OF important,

1 PLACE OF DEATH



Registration Dist. No

VIII	age or City Bance (No. 2)	St.; Ward)  [It death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 5	4 COLOR OR RACE  Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	(Month) (Day (Year)
0/04	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) — (Day (Year)  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, atm,  The CAUSE OF DEATH* was as follows:
(a) par (b) busi which	Trade, profession, or ficular kind of work.  General nature of industry, ness, or establishment in the employed (or employer)  RTHPLACE (State or country)	Remnershafe  Contributory  Secondary  Contributory
RENTS	10 NAME OF FATHER BOWNS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) Jan Jack Cho , # 0.  Man State the Disease Causing Death, or, in deaths from Violent Ausses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Brue Su-Ca HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Brush Mah (Address Brush Mh)  (Address Brush Mh)  (Address Brush Mh)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  29 UNDERJAKER ADDRESS

If more bianks are needed, address State Registrar, 6 E. Franklin St., Baito, Requesting V. S. No. 1.

No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of "Coutributory." (Recommendations ou statement of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 71915
LUREAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.

PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

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1 PLACE OF DEATH



### STATE OF MARYLAND

County mel Mr	CERTIFICATE OF DEATH
	Registration Dist. No.
	Registration Dist. No
Village or City / Muse (No.	St.; Ward) [If death occurred in
	a hospital or institution,
- 8/71 Bo	of street and number.]
<sup>2</sup> FULL NAME — AUCO 101.7	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MIDOWED.	(Month) (Day (Year)
semale Bluck (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	
Man 7 1965	, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive on, 191
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrsmosds. ORmin.?	
BOCCUPATION	Still Born
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry.	11
business, or establishment in	(Ouration) yrs mos ds.
which employed (or employer)	
<sup>9</sup> BIRTHPLACE (State or country)	Contributory Secondary
	(Doration) yrs mos ds.
10 NAME OF ALL CALL	Med of My land
Joseph Justin	(Signed) The Lynns Cor
of 11 BIRTHPLACE OF FATHER	May 1 1915 (Address) Laws
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  4 13	
OF 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Harriet 12 words	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSCRIPT
13 BIRTHPLACE D	OR RECENT RESIDENTS
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Made late 14 14	If not at place of death?
(Informant)	Former or usual residence
Bales Mass	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Idam INV	
16 11. a mal AP s	Downe Cemetery May 9 , 1915
Filed Mlly 8 1915 Mison a ryon mo	20 UNDERTAKER ADDRESS
REGISTRAR	Me teladema tous Colenton

If more blanks are needed, address State Registrar, 6 F. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Agc," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) "Dropsy," State cause for "Exhaustion," Never report



V. S. No. 1.

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HYSICIANS SOL OCCUPATI	V
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may be	(a) pa (b) bus white (b) 9 g
that it certifica	(8
N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	PARENTS
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y item SE OF ortant.	
CAU	15 Fil
Z.	

County Prince Georges-	5 6756 STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Glew Dale (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Single, Married ORDIVORCED (Write the word)	16 DATE OF DEATH  May (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attanded deceased from
Month (Day) (Year)	aft / 2 , 1915, to May 30 , 1915, that I last saw her alive on may 29 , 1915
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 2:30 P. m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Sarcoma file antrum fiftymore  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  Mary Land	Contributory (Secondary)  (Duration) vrs 6 mos ds
10 NAME OF FATHER Charles Clement Spalding  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) 7 3 (Address) 4
13 BIRTHPLACE OF MOTHER (State or country)  Manyland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds,
(Interment) Mary Spalding Hall	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Slessadad, Md.  15  Filed May 1915 Pelessad Registran  Redistran  If more blanks are needed, address State Registran	20 UNDERTAKER Collegetor ADDRESS  To B. Franklin St. Balto Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerpural septicharetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 7 1915
BUREAU, V.S.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

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UNFADING INK-THIS IS

PLAINLY, WITH of information should be

WRITE

B.—Every Item CAUSE OF Important.

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AGE

DEATH'in piain terms, so that it m See instructions on back of certificate.

1 PLACE OF DEATH

Viffage or City



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

-St.;Ward)		S	t.	·	W	ar	d)	
------------	--	---	----	---	---	----	----	--

If death occurred le a hospital or institutioe, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex Color or race Single, MARRIED, WIDDWED, ORDIVERCED (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH  (Month) (Day (Year)	that I last saw h Malive on 1915
TA		and that death occurred on the date stated above, and Pm, The CAUSE OF DEATH* was as follows:
(a	CCUPATION ) Trede, profession, or Hamus riticular kind of work	Chon nethulis
bus	General neture of industry, siness, or establishment in ich employed (or employer)	Contributory Lobar memoria
	(State or country) Margan d	Secondary  (Duration) yrs mos 2 ds.  (Signed) Plucy Last or M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
PAR	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Un hours  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Thomas Lamber		At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
16 Fil	ed June 15 noments	19 PLACE OF BURIAL OF REMOVAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  29 UNDERTAKER  ADDRESS  ADDRESS
-/	REGISTRAR	Trank Hood substitutionly red

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid definite): Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify aii diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 51915
BUREAU, V.S.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

may be properly classified.

AGE should be

carefully supplied.

DEATH in plain terms, so that it makes of the property of the second securificate.

Important.

N. B.-

so that it

RECORD

PERMANENT stated EXACTLY.

S. No. 1.

1 PLACE OF DEA	ATI	r
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### 6108

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

[If death occurred in

2 FULL NAME Herry Harrison	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH    May 4, 1915   (Month) (Day) (Year)  17     HEREBY CERTIFY, That   attended deceased from
TAGE  BOCCUPATION  (a) Trade prefession or	that I last saw h was allve on Through 3 1915,  and that death occurred on the date stated above, at 8.45 1 m.  The GAUSE OF DEATH* was as follows:
perficular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  110 NAME OF FATHER	(Duration) 3 yrs. 5 mos. 5 ds.  Contributory Hartmonine (Secondary)  (Duration) yrs. 5 mos. ds.  (Signed) // L. Mathand M. D.
Daec Ffar us one  11 BIRTHPLACE OF FATHER (State or country) Prince Granges Co.  12 MAIDEN NAME OF MOTHER 11 4 1 6 6	May 4. , 1915. (Address) Mitchellwills, Md.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of deeth yrs. mos. ds. State yrs. mos. de.  Where was disease contracted, if not at place of death?  Figmer or usual residence
(Address)  15  Filed	19 PLACE OF BURIAL OR REMOVAL  Carrol Chopel  20 UNDERTAKER  ADDRESS  Mitchelille



### 3

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.): nine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed; as At school or At home. Care who receive a definite salary), may be entered as additional line is provided for the latter statement heen changed or given up on account of the DISEASE fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Servant. Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not (a) Spinner, It should be used only when needed. As examples: first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from genltal," "Senlle," etc.), valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... LENT DEATHS state MEANS OF INJURY and quality as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for



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OF important. CAUSE

N. B.

No. 1.

PHYSICIANS should state of OCCUPATION is very

### 1 PLACE OF DEATH

County Prince George



6759

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Sty Sligo Mil Chillu LL NAME	Want	er St.; Ward)	Fld doubb
PERS	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
SEX	4 color or race	5 SINGLE, MARRIED, WIOOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH May 22, 1915 (Month)	(Day) (Year)
DATE OF BIR	May 22.	915 , 1	May 22, 1915	22, 1915
	mo. Utero.	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated and the CAUSE OF DEATH* was as follows:	
(b) General natura business, or esfa which employed (c	on, or work e of Industry, ablishment to or employer)		Contributory (Secondary)	JE. dos. ds
10 NAME	10 NAME OF FATHER Uriah Heeter		(Signed) 9 See tellac	, M. D
	PLACE THER country)	. C.	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and	n deaths from Violent
12 MAIDEN NAME OF MOTHER Irene Blundon		TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. I OR RECENT RESIDENTS)		
OF MO	OF MOTHER (State or country)  D. C.		At place In the of death yrs mos ds. State Where was disease contracted.	yrs, ds
4THE ABOVE	1 Lieus	TOF MY KNOWLEDGE	If not at place of death?  Former or  usual residence.	
Address		a D.C.	Heed In H. In Evans	DATE OF BURIAL, 191
Filed muy	25,1915 1.0,	Ohludor Amon.	20 UNDERTAKER	ADDRESS

if more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowie Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (name origin; "Can Examples: For vio-



V. S. No. 1.

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Village or City Mathery have (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 233  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE   5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Murried  6 DATE OF BIRTH	16 OATE OF DEATH  (Month)  (Day)  (Year)  17  HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 1874	that I last saw her alive on may 13, 1915,
7 AGE If LESS than	and that death occurred on the date stated above, at
4 / yrs. 1 mos. 2 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	Pellagra
(b) General nature of Industry business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Northannel Ford	(Signed) (Signed) , M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  MATGLAGE  DESCRIPTION  MATGLAGE  OF MOTHER  OF MOTHER  MATGLAGE  DESCRIPTION  MATGLAGE  OF MOTHER  MATGLAGE  OF MOTHER  OF MOTHER  MATGLAGE  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  MATGLAGE  OF MOTHER  MATGLAGE  OF MOTHER  OF MOTHER  MATGLAGE  MATGLAGE	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MRANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
of MOTHER Matelda Purkney	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE  (Informant) Richard Than	Where was disease contracted, if not at place of death?
(Address) Walling hom me	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL PRAY 15 101 3
15 Fled May 14 1915 Ernest H. Farner	20 UNDERTAKER D ADDRESS

tamp Gros Tollingham on If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing dearn, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook. who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon "Foreman," "Manager," "Dealer," etc., without more of the second statement. business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stotionary fireman, etc. But in many cases, ciun, Compositor, Architect, Lacomotive engineer, Civil first line will be sufficient, e. g., Farmer or Plonter, Physiknow (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal minc, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deathis "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Annemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound to determine definitely. Examples: Accidental drowning; birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Caneer" is less definite; avoid use of "Senilc," etc.), "Dropsy," Never report mere "Atrophy," "Exhaustion," ACCIDENTAL,



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		¹ PLACE OF DEATH	6761 STATE OF MARYLAND
		france George CI	CERTIFICATE OF DEATH
<i>yr.</i>	Cour	ity.	Registration Dist. No. 245
	Villa	ge or City Hydlisville (No.	St.; Ward) [If death occurred in
	* ·	2 FULL NAME May M. The	a hospital or institution, give its NAME instead of street and number.]
. 19		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SE	was de color OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write-the word)	(Month) (Day) (Year)
ate	600	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
certificate		an 2: 1874	212 bruary, 1915, to may 23, 1915
Cer	-	(Month) (Day) (Year)	that I last saw he was alive on May 2,3 , 1915,
0	7 AG	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 50 m
back		40 yrs 6 mos 2/ ds. OR min.?	The CAUSE OF DEATH # was as follows:
d no	8 00	CCUPATION ) Trado, profession, or the state of the state	Car au san State and State
	( a	) Trade, profession, or tricular kind of work	ween on a rever
Qui	JO (b	) General nature of industry siness, or establishment in	L
ruc		ich employed (or employer)	(Duration) yrs. O mas. ds
e instructions	9 81	(State or country) Baltimer Rul	Secondary
t. See		10 NAME OF Hamel G-Keenan	(Signed) (Ouration) yrs. mos. ds
tan	TS	11 BIRTHPLACE	maybe 1975 (hapress) Hyallowellelled.
importa	PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OTHER OF MOTHER OTHER	*State the DISEASE CAUSINO DEATH, or in deaths from VIOLENT CAUSES, staye (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
2	9	achelin fulle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
Is very		13 BIRTHPLACE OF MOTHER (State or country) Baltinger Mark	At place in the of deathyrsmosds. State,yrsmosds
- 11	14 TI	HE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
OCCUPATION		(informant) + alto- Reenan	tf not all piace of death?  Former or  usual residence
PA		1/ in the flate	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ರ ∥		(Address) January VIII	SHeters Cometor, Balting May 27, 1915
Ö	15	Man Il' 1915 mrs - Jas Severes	20 UNDERTAKER ADDRESS
	Fills	ed 11 au 1 b , 191 a Maria Registrar	Jos B - Cook 1003 Ball St.
		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1. Balto Res
- 11			•



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary greman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Never return "Laborer," Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull heod-homicide; Poisoned by Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonities," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Huemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercur-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic vulnular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping gcs, peritonaeum, etc., Carcinomo, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Dropsy," carbolic acid-probably Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUN 51915

DUN 51915

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS

Village or City Tany Esto. (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23/ St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME tostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GOCCUPATION (a) Trede, profession, or particular kind of work (b) General nature of industry, business, or establishment in	18 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended decessed from  Phay  1915, to  1915, that I last saw have alive on  The CAUSE OF DEATH* was as follows:
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE  13 BIRTHPLACE  14 MANY House	Contributory Secondary  Secondary
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  15	Af place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.  FORCE OF BURIAL OR REMOVAL  DATE OF BURIAL  PRACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PRACE OF BURIAL  PR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



5

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 247

St.; Ward)

[If death occurred la a hospital or institution, give its NAME instead of street and number.]

2FULL NAME WOUNDS COURSE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemel White Single, Married Wisowed, Worked ORDINORCED ORDINORCED (Write the word)	18 DATE OF DEATH Way / 1915 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
april 9 1872	March 9 ; 1916 to May 9 9 , 1915.
(Month) (Day (Year)	that I last saw here allve on May 9 , 1913
7 AGE II LESS than	and that death occurred on the date stated above, at 130Pm.
43 yrs mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Careinoma of lives and bowels
(a) Trade, profession, or Housewell	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs. 6 mes. ds.
9 BIRTHPLACE	Contributory
(State or country) Ireland	Secondary
10 NAME OF John Flord	(Signed) A. R. Mackensie, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Mainten NAME OF MOTHER  OTHER  OT	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME RIVE HILL & OF	TAL, SUICIDAL, OF HOMICIDAL.
Isrageto in e 10 accon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Juland	At place in the of death yrs. mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Whanh P. Jih	Former or .
la litt X/oil lost 111	USUAL PESIDENCE.
(Address) (Addre	11 h
	20 UNDERTAKER ADDRESS ADDRESS
Filed May 12, 1915 grace Low  Deputy Local REGISTRAR	Of the Sanda San Mas 1/ 1 01 C
	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing neath, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when uecded. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (nvoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichae cause. Aiways qualify all diseases resulting from ctc., when a defiuite disease can be ascertained as the nns," "Old Age," "Shock," "Uraemia," "Weakness," genital," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measics (disease causing death), 29 ds.; "Sculle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT V. S. No. 1.

Village or City Rosaugusle (No. 2FULL NAME Machael St.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 240  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeruale Color or RACE Single, Married, Widowed, Or Divorced (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
May 14th, 1915 (Month) (Day (Year)	that I last saw hally on
TAGE  If LESS than 1 day,hrs.  yrs mosds. ORmin.?  COCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	and that death occurred on the date stated above, at 5-12 - m.  The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
OF FATHER (State or country)  10 NAME OF FATHER Jerry Mackall  11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN NAME OF MOTHER	(Signed) Julius V. Smuth Local Registriber 1919. (Address) Brandy wife To Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Justific Radiana	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
16 May 16 th Julius N. Smith	Percentage of Burial OR REMOVAL DATE OF BURIAL  Percentage May 14th 1915  20 UNDERTAKER ADDRESS

osanjiele fra If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 71915
BUREAU,V.S.

No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

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RECORD

PERMANENT

# 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hate Single, Married Widower, Words	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  MINISTRA OUR (Year) -	May 2, 191, to May 6, 1911, that I last saw him alive on May 16, 1914
(Month) (Day (Year) - 7 AGE   11 LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Palveul - Perfect particular kind of work (b) General nature of industry,	disease of the Howart
business, or establishment in which employed (or employer)	(Duration)wrsmosds.
9 BIRTHPLACE (State or country)	Secondary (Buration) yrs mos ds,
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF FATHER OF MOTHER	(Signed) Cagas R. Hourtt , M. D. May M. 1913 (Address) Proceedings and Astate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Lymanul	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) THE BEST OF MY KNOWLEDGE	If not at place of death?  Former or usual residence. L. L. Washing one, Md
16 Phash 1913 Edgard Butther	DATE OF BURIAL OR REMOVAL DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Nevcr return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senlle," etc.), "Dropsy," "Exhaustion," valendar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpenal septichae "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trada, profession, or particular kind of work...

(b) General nature of Industry. business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Address) ....

14 THE ABOVE IS TRUE TO THE B

which employed (or employer) .....

PHYSICIANS should state of OCCUPATION is very Exact statement properly classified. be may certificate. that it 20 10 of information should be DEATH in plain terms. s instructions on back See CAUSE OF Important. S

PLACE OF DEATH

(No....

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 233

St.:--Ward)

Ilf death occurred in a hospital or institution, give Its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Lole. Color of Race Single, Widowed, Widowed, Orbitograph (Write the word)	16 DATE OF DEATH May 26, 1915 (Month) (Day (Year)
BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	may 191 to May 28, 1915,
mpmm, 1	that I last saw her alive on Orlang 2 5, 191 5
(Month) (Day (Year)	~
9 90 yrs mas ds. OR min. ?	and that death occurred on the date stated above, at 1.30 c. m.  The GAUSE OF DEATH* was as follows:
orofession, or donnession	Charie reflection
I nature of industry, r establishment in Accuestic	(Ouration) Missing mos. 103.
or country) Mid.	Contributory Secondary  Control (Duration) yrs mos ds.
AME OF John hlent.	(Signed) 3 rady f, M. D.
RTHPLACE OF FATHER State or country) Med.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
of Mother Grave au Bros.	TAL, SUICIDAL, OF HOSTICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  18 LENGTH RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
RTHPLACE F MOTHER State or country)	of death yrs, mos ds. State yrs, mos ds
OVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
11) John & slent	Former or usual rasidence.
doress) Frankrich . red	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
14427, 1915 Gamble Break HEGISTRAR	20 UNDERTAKER  F. Gasches Some Bladwohning
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speeistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) lnjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viochildbirth or miscarriage as "Puerperal scotichac-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

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	PLACE OF DEATH 676	STATE OF MAI	RYLAND
Coun	on Dringe Perrae	CERTIFICATE O	F DEATH
Coun		Registration Dis	st. No. 239
Villag	ge or City Famel (No.	St.; Ward)	[It death occurred in a hospital or institution, give its NAME instead
3	2 FULL NAME Joseph D 9/1	unetree	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3.SE	WIDOWED	16 DATE OF DEATH MAN (MODELL)	7-8 , 1915 (Day) (Year)
ma	Write the word) Married	17   HEREBY CERTIFY, That I att	tended deceased from
DA	TE OF BIRTH	Feb 3 , 1915, to Ma	y 78 ,1915,
	(Month) (Day) (Year)	that I last saw hem alive on The	in 27 , 1910,
7 AG		and that death occurred on the date st	ated above, at 2/5.4m.
	3 yrs. mos. ds. 1 day, hrs. OR mln.?	The CAUSE OF DEATH * was as follow	vs:
(8	CCUPATION ) Trade, profession, or Torrellicular kind of work	Darleis	
(b	) General nature of industry ~	Co anka	nv~
bus	siness, or establishment in ich employer)	(Duration)	yrsda.
	RTHPLACE (State or country)	Contributory Thanstion a	9 4 01
	10 NAME OF SAM ROOM	(Signed) Jesse Juny	M. O.
NTS	11 BIRTHPLACE OF FATHER (State or country)	Many 28, 1915 (Address) Per State the Disease Causing Death, or, Causing, state (1) Means of Injury; and	in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS,	
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place " In the	
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(informant) 2 Dos	Former or usual residence	
	(Address) Sancif Santtarine	19 PLACE OF BURNAL OR REMOVAL	OATE OF BURIAL
15	May 18th 5 Offman a Frimes.	20 UNDERTAKER 7	AODRESS

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, -Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House precise specification as Day laborer, Form loborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auloonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomolive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: -Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway troin-accident; Revolver wound state MEANS OF INJURY and qualify as Accidental, suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valentar heart disease; Chronic interstitut (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably birth or miscarriage as "PUERPERAL septichucmia," etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," "Col-



BINDING

FOR

MARGIN RESERVED

V. S. No. 1.

		1768
	PLACE OF DEATH	STATE OF MARYLAND
	. Tuice diorge.	CERTIFICATE OF DEATH
Coun	TO O	239
pro 6"	Mar Klan	Registration Dist. No.
Villa	ge or City No. (No.	St.; Ward) [If death occurred in a hospital or institution,
	C' 1 Dr-	give its NAME Instead
	2 FILL NAME (Melane)	of street and number.]
4 -:	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OF BACE   5 SINGLE.	16 DATE OF DEATH MALL SIN
of	Milowed Widowed	(Monyh) (Day) (Year)
0-4	Wale Write the word)	17 100 I HEREBY CERTIFY, That attended deceased from
6 DA		1910, to 1019 2, 1910,
-	(Year)	that I last saw h W alive on MATA 201, 1915,
7 AG		and that death occurred on the date stated above, atm.
	1 day, hrs.	The CAUSE OF DEA/TH * was as follows:
	yrsds.   ORmin.?	0 1/
8 00	Trade, profession, or	acompag
pai	rlicular kind of work	
bus	) General nature of Industry siness, or establishment in Thome	(Buretion) yrs. 3 mos. ds.
	ich employed (or employer)	Contributory hamfines
BI	(State or country) Carroll Country Md.	Secondary (menion) mos flo ds.
	10 NAME OF FATHER	(Signed) Diperly M. O.
10	unimoun	W all and a second and a
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	Carte the Dyenier Carrier Dyaru or in deaths from Violent
Ē	(State or country) 12 MAIDEN NAME .	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
AF	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	of deathyrsmosds. Stats,yrsmosds.
14 T	HE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Mulevin MoorE	Former or usual residence
	Gausell Mas	19 PACE OF BURIAL OR REMOVAL BATE OF BURIAN
	(Address) WWW W.	O gy/till Cemelery 1/ / May 13, 101/5.
15	May 22- Wm. a. Fairall	20 VYDERTAKER IL
FI	REGISTRAR	Deo. C. Wrinen, haure. 116.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved-by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing neath, engaged in domestic service for wages, as Servant, Cook wife, Housewark, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Yever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train-accident; Revalver wound to determine definitely. Examples: Accidental drowning, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping birth or miscarriage as "Puerperal septicharmia," rent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere "Atrophy,"



N.B.

1 PLACE OF DEATH

Cou	my ruce learges. 10	CERTIFICATE OF DEATH
Villa	age or city airmont Heights (No. , Cld	Registration Dist. No. 247  Lister Cive St.; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	<sup>2</sup> FULL NAME COMMON OCC	· consc
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je je	male Colored Single, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 191 5
	ATE OF BIRTH (Mach) Day) Near)	that I last saw her alive on May 12, 1915,
7 A	65 yrs 10 mos 12 ds. OR min.?	and that death occurred on the date stated above, at 7.30. In
pa bo	CCUPATION a) Trade, profession, or arthural profession	(Buration) yrs. mos. ds.  Contributory Service decay with
RENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIOEN NAME	(8igned)
O.	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace of death yrs
15	(Informant) Clar & Anight - tomille (Address) Fairmount Heights, Md 10d May 14, 1915 Deline, want west	PLACE OF BURIAL OR REMOVAL  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL  ADDRESS  AD
	100 May 14 , 1915 James Ward 1 cal REGISTRAR	Yes Onortden Brighton M

6769

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "I caler," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated head-homicide; Poisoned by carbolic acid-probably suicidal, or is probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasbirth or miscarriage as "Puerferal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound The nature of the injury, as fracture of skull, Always qualify all diseases resulting from child-The contributory (secondary or intereur-"Convulsions," "Dropsy," "Debility" Never report mere "Exhaustion,"



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

N. B.—Every Item of information should be carefully sul CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

61.00

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 240

Brandywine,

Village or City 7. 3. (No. 2)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Frak Color or RAGE   Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  The state of DEATH  (Mighth)  (Day  (Year)  17  I hereby Certify, That I attended degrased from
Month) (Day (Year)	May 21, 1915, to May 23, 1915, that I last saw h malive on May 28, 1915
7 AGE  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at A am, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	Browshitz (Duration) yrs mos 3 ds.
**Mich employed (or employer)  **BIRTHPLACE* (State or country)	Gontributory Secondary
10 NAME OF FATHER Parry Perkery  11 BIRTHPLACE OF FATHER (State or country) M	(Signed) (Si
12 MAIDEN NAME Janey M. Brawner  13 BIRTHPLACE  1. A	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR Hospitals, Institutions, Transients, or Recent Residents)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)	Af place of death
The May 25 the I like the the	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 7 1915 BUREAU, V.S. WRITE PLAINLY, WITH UNFADING INK-THIS: IS A PERMANENT

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

Important.

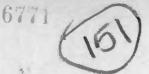
N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s.

carefully supplied. AGE should be stated EXACTLY.

should state

PHYSICIANS RECORD

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

7 32

Village or City Uffer Michael &	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)  6 DATE OF BIRTH  5 4, 19/5	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1915, to  1915  that I last saw has alive on  (1915)
(Month) (Day (Year)  7 AGE If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 5' A m The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  Perturbage (State or country)  Manyland	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) Maryland  12 Maiden Name OF Mary E, Greenfield  13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Maryland	(Signed)
(Informant) Welliam D. France  (Address) Uffer Maelberg	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL 9R REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a stugle word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for theuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasmere symptoms or terminal conditious, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scuile," ctc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUNS.

pinous OCCUPATION PHYSICIANS RECORD PERMANENT roperly supplied. may certificate. ŏ back 50 See Instructions 2 DEATH OF important. Every Ite m

THE ABOVE

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in St.:---Ward) a hospital or Institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, (Month) ORDIVERCED (Write the word) Hidorica I HEREBY CERTIFY. That I attended deceased from that I last saw h Low alive on Man ! (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 5,00 a.m. 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) west which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) of Mother (State or country) At place In the State

Where was disease contra	cted.		
It not at piace of death?			
Former or			
usual residence			
usual losidelice	**************************************	0-0000000000000000000000000000000000000	************
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very Important, so that the relative healthful-CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dnties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (b)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlingitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL poritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichue Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUNS.

RECORD

A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

County Clarify Lawrence	Registration Dist. No.
Village or City Presstavor (No	St:: Ward) [if death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF BEATH
3 SEX 4 COLOR OR RAGE MARRIED, WIDOWED, OR DIVERGED (Write the word)	16 DATE OF DEATH MAN 144 , 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH MAY 14, 1915.  (Month) (Day (Year)	may 12, 1915, to may 14, 1915, that Liest sawh silve on 191
TAGE  If LESS than 1 day,hrs.  yrs	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:  Shill buth thousand and shock was truly for Juring and shock was truly for Juring and shock (Quration) yrs. mos. ds.
which employed (or employer)  9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Burafign) yrs mos ds.
10 NAME OF FATHER Charles Pressell  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Strustian 0.  Smay 14, 1915 (Address) Servin Smay  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs mos ds
(informant) Christian Med.	Where was disease contracted, if not at place of deata?  Former or usuat residence
16 Filed May 15, 1915 J.C. Old Angle on the REGISTRAR	Bladeses Tue 9 M & May 15, 1916.  20 UNDERTAKER Gaselis Sous Blades Fung Md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the ocenpation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease eausing death—Name, first, the disease eausing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold diseasent); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes "Scnile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For Vio-Of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REGORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANTS-should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

# PLACE OF DEATH







### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 24

St.;....Ward)

[It death occurred in a hospital or institution,

2FULL NAME Elizabetto S	mith give its name instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fluale Calared Single, MARRIED, WIDDWED, ORDINARY	16 DATE OF DEATH May /3 ,19N (Month) (Day (Year)
7 AGE  AGE  AGE  AGE  AGE  AGE  AGE  AGE	that I last saw h & A allve on 1915.  and that death occurred on the date stated above, at 4 m,  The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Ouration) yrs mos ds.
which employed (or employer)  **BIRTHPLACE* (State or country)  **Country**  **Coun	Secondary
10 NAME OF FATHER Herry Hallaced  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  24 OF MOTHER	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds State yrs, mos, ds Where was disease contracted, If not at place of death? former or usual residence.
(Address) Francis wine Md 15 Filed May 14th, 1915 J. R. Smith Event REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Libbons M. E. Cumetery May 1 #th, 1915  20 UNDERTAKER  Gungay, Lushy Brandynine Hed
II more manks are needed, address State Regist	trap 6 E. Frankliu St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various parsuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, ctc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease cansing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," childbirth or miscarriage as genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, thre of the American Medical Association.) canse of death approved by Committee on Nomenclainjnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scalle," (Recommendations on statement of ctc.), "Dropsy," "Exhaustion," "PUERFERAL septichaeetc. State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

should state of OCCUPAT RECORD PHYSICIAN Exact statement PERMANENT should be stated EXACTLY. .—Every item of information should be carefully supplied. AGE should be streed CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N.B.

(Address).....

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		6775
	1 PLACE OF DEATH	STATE OF MARYLAND
,	P ' les	CERTIFICATE OF DEATH
Co	ounty Muce de	CERTIFICATE OF DEATH
		Registration Dist, No.
	year I mad	
Vii	llage or City Leland (No.	St.; Ward) [If death occurred le a hospital or institution,
		give Its NAME Instead
	Ele and Anne	of street and number.]
	FULL NAME ULMOVA SWEET	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOROR RACE 5 SINGLE,	18 DATE OF DEATH 51 3/
14	les note Whate WIDOWED, Smile	1912
1	ORDIVERCED (Write the word)	(Month) (Day (Year)
8 D	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	3- 10 .4/3	May V 1915, to may 6/, 1918
	(Month) (Day (Year)	" that I last saw her alive on ming 2 8 1918
7 A		
	11 Less mar	and that death occurred on the date stated above, at
	yrs	The CAUSE OF DEATH* was as follows:
80	CCUPATION	- Varnatury bull, 9
	Trade, profession, or	
100	irticular kind of work	- luring
	) General nature of industry, siness, or establishmenf in	- /
wh	ilch employed (or employer)	(Ouration)yrsmos 2/ds.
	IRTHPLACE	Contributory
	(State or country)	Secondary
	10 NAME OF /	(Ouration), yrs mos ds.
	FATHER HAR TO THE TANK	(Sighed) Ceruch Jusces 40
S	1000 ago a Owelney	- Harris 1 4 1 haz 21 1 - 1
Jest	11 BIRTHPLACE OF FATHER	(Address) . Mall of hys
Ш	(State or country) flavylan	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
AREN	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
۵	Maa & mullipur	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	Af place in the
	(State or country) Man land	of death vrsmosds. State vrs mes de

Af place of death yrs, mos, Where was disease contracted	ds.	In the State	yrs	mos. ,	1
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If not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL
Leeland and	pul 2

20 UNDERTAKER deaver flen

Hall

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

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JUN 51915
BUREAU, V.S.

Very should state

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Exact statement

may be properly classified.

AGE

carefully supplied.

should be

of Information

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P 0 Every Item CAUSE OF Important.

DEATH in plain terms, so that it masses instructions on back of certificate.

PHYSICIAN

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PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

4	E	31	AC	F	0	F	D	FA	T	ş,
	- 5	Day of	70	Req	V		v	E-P	1	ā
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

[If death occurred in a hospital or Institution give its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  May 25 1915  (Month) (Day (Year)  17 I hereby certify, That I attended deceased from
Sept y 19/4. Month) (Day (Year)	May 23" 1915, to may 25", 1915, that I last saw h 2 alive on may 25", 1915
TAGE    If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 8, 80 Pm,  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ≥ ds.
10 NAME OF Robert - M Thompson	Secondary  (Doration) yrs mos ds.  (Signed) Arky A. C. M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted,
(Informant) The Above is true to the Best of My Knowledge	If not at place of death?————————————————————————————————————
(Address) Clinton  15 Filed May 26, 1915, Mary W. Thomas	St Pauls Church Baden Md May 27, 1915  79 UNDERTAKER A ADDRESS
REGISTRAR	Heorge Stamp trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for



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ated EXACTLY. PHYSTERANS should state Exact statement of OCCUPATION is very RECORD PERMANENT esrefully supplied. AGE should be stated EXACTLY. that it may be properly classified. Exact statemen WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be esrefully sur DEATH in pisin terms, so that it ma See instructions on back of certificate. .B.—Every item c CAUSE OF I

OF MOTHER (State or country

15

Village or City Man Mentborn (No.						
	2 FULL NAME Peston VM Su	www				
	PERSONAL AND STATISTICAL PARTICULARS					
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, ORDIVORCED	16 DATE				
11	Park (Write the word)	17				
80	(Year)	that I las				
7 AC	If LESS than   1 day,hrs.   ORmin. ?	and that				
(a) pai (b)	OCCUPATION ) Trade, profassion, or ricular kind of work  General nature of industry,	a				
whi	iness, or establishmant in Acanellang Jorgan  IRTHPLACE tate or country)	Gontr (Seco				
(8)	tate or country) MM Lyons					
	10 NAME OF FATHER AND CONTROL	(Signed)				
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*Stat				
PARE	12 MAIDEN NAME OF MOTHER WILLIAM	TAL, SI				

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No ..

St: .....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE  B SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
At history 9/1	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on
If LESS than	and that death occurred on the date stated above, atm,
2 yrs. mos. ds. OR	The CAUSE OF DEATH * was as follows:
or Joursey	alcohol unt suiceday
industry, hmant in Handling Horse	(Ouration) yrs. mos. ds.
0 0 1)	Gentributory (Secondary)
My Curry	(Signed)
NAME 1 / / "	CAUSES, state (1) MEANS OF INJUEY; and (2) whether Accidental, Suicidal, or Homicidal.
HER WILLIAM	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
CE ER UNITRY) MM Castran	At place in the of death yrs, mos ds. State yrs, mos ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disaase contracted, If not at place of death?  Former or usual rasidence
When Thendborn, I'm	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
9,1915 PEms Vonith	20 Grobertaker Richard J & offen Riffer Frontown
If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," eta., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of ili-Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., who have no occupation whatever, write None. heen changed or given up on account of the DISEASE who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causive death—Name, first, the disease causive death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croud"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritongeum, etc... Carein-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Urnemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarconia. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, themia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "PUERPERAL septiehae-(name origin; "Can-For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 51915 BUREAU, V.S.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT F	WITH	UNFADING	INK-TH	1S 1S	A 4	PERMANENT	
Should state CAUSE OF DEATH in plain terms, so that it may be properly class concerns about state CAUSE OF DEATH in plain terms, so that it may be properly class CCUIDATION is very important. See instructions on back of certificate.	TH in F	plain terms	so that	it ma	y b	e properly classertificate.	10

	1-PLACE OF DEATH		6778	STATE OF MA	ARYLAND
0	In Gran.		3		OF DEATH
Cour	oc - m			Registration D	Dist. No. 245
Villa	ge or City THE NAME (No.	m ,	n) 22	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTIC	ULARS	M	EDICAL CERTIFICATE	OF DEATH
3 SE	4 COLOR OR RACE MARRIED, MIDOWEO OR DIVORCE (Write the work	a style	16 DATE OF DEA	(Month)	(Day), 1915 (Year)
	TE OF BIRTH  Month (Day		that I last saw	h alive on	1915,
7 AG	yrs. mos. ds	If LESS than 1 day, hrs. OR min.?	I.	DEATH * was as follo	(
pa (b	CCUPATION ) Trade, profession, or riticular kind of work ) General nature of Industry siness, or establishment in		alour	C (Duratton)	Yrs mos de
-	IRTHPLACE (State or country) Hyallerick	mi	Contributor Secondary	Em D	M. J.
ທ	10 NAME OF SAMUELL	dahre	(Signed)	755 Col 77	Exectitel
PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS			
	13 BIRTHPLACE OF MOTHER (State or country)	om	OR RECENT RES	sidents) In thmosds. Sta	
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOW	LEDGE		ath?	
15	(Address)		19 PLACE OF BU	RIAL OR REMOVAL	DATE OF BURIAL
11		Severe ty REGISTRAR	20 UNDERTAKE	dely privillis	ADDRESS
	If more blanks are needed, addre	ss State Registrar,	16 W. Saratoga St.,	Batto., Requesting V. S. No.	1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer who receive a definite salary), may be entered as Housemabile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many eases, tion is very important, so that the relative healthful-For many occupations a single word or term on the -Cout mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidenic eerehrespinal meningitis"); Diputheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." STICIDAL, or nomicidal, or as prabably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Publiperal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . "Antemia" (merely symptomatic), rent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion, State cause for which Never report mere (Recommendations wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 51915 BUREAU, V.B.

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	m of information should be carefully supplied. AGE should be stated EXACTLY: PH	)F DEATH in plain terms, so that it may be properly classified. Exact statement of	
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered N

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If death occurred in a hospital or institution, give its NAME instead of street and number.]

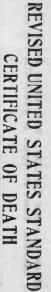
PLACE OF DEATH

16 DATE OF DEATH	Month)	2 8 (Day)	, 1915 (Year)
march 6 1915	RTIFY, That	I attended dece	
that I last saw h alive or	may	28=	, 1915.
and that death occurred on the	as follows:	labove, at 17	
information of			and,
<i>y</i>		yrs3_mo	sds.
Contributory Long (Secondary)		0	ds.
(Signed)	74. L. 1	Vatteris	, M. D.
*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL	G DEATH, or, INJURY; an	in deaths from	VIOLENT
At place of death?	In the ds. State		
Nevo	MOVAL	May 3	RIAL 1., 1915
20 UNDERTAKER	etta etta	ADDRESS	11/1

MEDICAL CERTIFICATE OF DEATH (Year) If LESS than t day, .....hrs.

Mulellellellelle mank word REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(No. AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWEO, ORDIVORCEO (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE 8 OCCUPATION (a) Trade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER -(Informant) (Address) 15



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may he indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers been changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication. as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer." etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement applies to each and every person, irrespective of age. mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcindosis of lungs, meninges, peritonaeum,

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ample: Meastes (disease causing death), 29 ds.; injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vioetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genitai," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronio ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie. cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory tetanus) (Recommendations on statement of may he stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



Ilf death occurred in



[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uracmia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Causepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent)



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WRITE PLAINLY, WITH

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1 PLACE OF DEATH  County Truce George	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Derwyn (No	Registration Dist. No. 230  St.; Ward)  St.; Ward)  Willard  [If death occurred le a hospital or lostitution, give its NAME lestead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH May 16, 1915 (Month) (Day (Year)
May 16, 1915  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
If LESS than t day,hrs.  yrs	and that death occurred on the date stated above, at
10 NAME OF FATHER WW / Willard  11 BIRTHPLACE OF FATHER (State or country)  12 (State or country)  12 MADDEN NAME OF MOTHER W 200 41 +	Contributory Secondary  (Doration) yrs mos d  (Signed) ttleune , M.  May /7 , 191 (Address) Serveyu  State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Margaset M. Fales  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Address  15	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. d  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Provate formula ADDRESS  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepors who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measics (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of



ated EXACTLY. PHYSICIANS should state Exact statement of OCOUPATION is very

pinous

AGE

carefully supplied.

Item of information should be

OF Every Item CAUSE OF Important.

N. B.-

RECORD

PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

1	DI	A	CE	OF	DE	ATH
-		- 44				PA 1 (1)

County Mule gorg

6782

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 248

St.;---Ward)

[It death occurred in a hospital or institution, give its NAME instead

FULL NAME JOLU E. Jug.	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asex 4 color or race 5 single, Midawer White Write the word)	16 DATE OF DEATH MOS 4 - , 1915 (Mayoth) (Day (Year)
6 DATE OF BIRTH  July 27, 1842  (Month) (Day (Year)	that I last saw how alive on Miles 14 to 1915.
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 1,30 Pm,
7 3 yrs — mos ds   1 day,hrs.   0Rmin. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	(Duration) — yrs — mas — ds.
which employed (or employer)	Contributory La Design Parentomia
(State or country) Ballo-lik Ande	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER HUM AND	(Signed) An Dwyll 7 . M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Main Monther OF MONTHER OF MONTHER OF MONTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Marfara Cong	Former or usual residence
(Address) Haven Ond!	18 PLACE OF BURIAL OR REMOVED DATE OF BURIAL  Ale use to church These T 1914
Filed play 6 1915 Nelson a Ryon ma	20 UNDERTAKER ADDRESS POR

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